

# Journal of the Senate

FIRST REGULAR SESSION

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**THIRTY-SEVENTH DAY—TUESDAY, MARCH 23, 2021**

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The Senate met pursuant to adjournment.

President Kehoe in the Chair.

The Reverend Carl Gauck offered the following prayer:

“I delight to do Your will, O my God; Your law is within my heart.” (Psalm 40:8)

Heavenly Father, move our hearts with a peaceful calm that shows us the presence of Your grace in our lives. May we experience the flow of Your love through our souls as we interact with one another knowing You are truly present. Help us to stretch our capacity to love You and one another so no resentment or anger may be found in us. In Your Holy Name we pray. Amen.

The Pledge of Allegiance to the Flag was recited.

A quorum being established, the Senate proceeded with its business.

The Journal of the previous day was read and approved.

The following Senators were present during the day’s proceedings:

Present—Senators

Arthur	Bean	Beck	Bernskoetter	Brattin	Brown	Burlison
Cierpiot	Crawford	Eigel	Eslinger	Gannon	Hegeman	Hoskins
Hough	Koenig	Luetkemeyer	May	Moon	Mosley	O’Laughlin
Onder	Razer	Rehder	Riddle	Rizzo	Roberts	Rowden
Schatz	Schupp	Washington	White	Wieland	Williams—34	

Absent—Senators—None

Absent with leave—Senators—None

Vacancies—None

The Lieutenant Governor was present.

## RESOLUTIONS

Senator Rowden offered Senate Resolution No. 169, regarding the Class 4 State Champion Boonville

High School Lady Pirates Girls Basketball Team, which was adopted.

Senator Mosely offered Senate Resolution No. 170, regarding Staff Sergeant Alexis Johnson Brice, Saint Louis County, which was adopted.

Senator Bernskoetter offered Senate Resolution No. 171, regarding the Honorable Eugene Strobel, St. Martins, which was adopted.

Senator Rowden offered Senate Resolution No. 172, regarding Mary Paxton Keeley Elementary School Library, Columbia, which was adopted.

Senator Bernskoetter offered Senate Resolution No. 173, regarding Betsy Byers, Jefferson City, which was adopted.

Senator O’Laughlin offered Senate Resolution No. 174, regarding the death of Pastor Edward Enoch Wright Jr., which was adopted.

Senator Schatz offered Senate Resolution No. 175, regarding the death of Joseph E. “Jebby” Bennett II, New Haven, which was adopted.

Senator Schatz offered Senate Resolution No. 176, regarding Lafayette High School, Wildwood, which was adopted.

On motion of Senator White, the Senate recessed until 2:00 p.m.

### **RECESS**

The time of recess having expired, the Senate was called to order by Senator Crawford.

### **SENATE BILLS FOR PERFECTION**

Senator Luetkemeyer moved that **SB 53** and **SB 60**, with **SCS**, be called from the Informal Calendar and taken up for perfection, which motion prevailed.

**SCS** for **SBs 53** and **60**, entitled:

#### SENATE COMMITTEE SUBSTITUTE FOR SENATE BILLS NOS. 53 and 60

An Act to repeal sections 84.400, 566.145, and 590.070, RSMo, and to enact in lieu thereof six new sections relating to law enforcement officers, with existing penalty provisions.

Was taken up.

Senator Luetkemeyer moved that **SCS** for **SBs 53** and **60** be adopted.

Senator Luetkemeyer offered **SS** for **SCS** for **SBs 53** and **60**, entitled:

#### SENATE SUBSTITUTE FOR SENATE COMMITTEE SUBSTITUTE FOR SENATE BILLS NOS. 53 and 60

An Act to repeal sections 84.400, 565.240, 566.145, 590.030, and 590.070, RSMo, and to enact in lieu thereof nine new sections relating to law enforcement officers, with penalty provisions.

Senator Luetkemeyer moved that **SS** for **SCS** for **SBs 53** and **60** be adopted.

President Kehoe assumed the Chair.

Senator Riddle offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Substitute for Senate Committee Substitute for Senate Bills Nos. 53 and 60, Page 1, Section A, Line 5, by inserting after all of said line the following:

“57.280. 1. Sheriffs shall receive a charge for service of any summons, writ or other order of court, in connection with any civil case, and making on the same either a return indicating service, a non est return or a nulla bona return, the sum of twenty dollars for each item to be served, except that a sheriff shall receive a charge for service of any subpoena, and making a return on the same, the sum of ten dollars; however, no such charge shall be collected in any proceeding when court costs are to be paid by the state, county or municipality. In addition to such charge, the sheriff shall be entitled to receive for each mile actually traveled in serving any summons, writ, subpoena or other order of court the rate prescribed by the Internal Revenue Service for all allowable expenses for motor vehicle use expressed as an amount per mile, provided that such mileage shall not be charged for more than one subpoena or summons or other writ served in the same cause on the same trip. All of such charges shall be received by the sheriff who is requested to perform the service. Except as otherwise provided by law, all charges made pursuant to this section shall be collected by the court clerk as court costs and are payable prior to the time the service is rendered; provided that if the amount of such charge cannot be readily determined, then the sheriff shall receive a deposit based upon the likely amount of such charge, and the balance of such charge shall be payable immediately upon ascertainment of the proper amount of said charge. A sheriff may refuse to perform any service in any action or proceeding, other than when court costs are waived as provided by law, until the charge provided by this section is paid. Failure to receive the charge shall not affect the validity of the service.

2. The sheriff shall receive for receiving and paying moneys on execution or other process, where lands or goods have been levied and advertised and sold, five percent on five hundred dollars and four percent on all sums above five hundred dollars, and half of these sums, when the money is paid to the sheriff without a levy, or where the lands or goods levied on shall not be sold and the money is paid to the sheriff or person entitled thereto, his agent or attorney. The party at whose application any writ, execution, subpoena or other process has issued from the court shall pay the sheriff’s costs for the removal, transportation, storage, safekeeping and support of any property to be seized pursuant to legal process before such seizure. The sheriff shall be allowed for each mile, going and returning from the courthouse of the county in which he resides to the place where the court is held, the rate prescribed by the Internal Revenue Service for all allowable expenses for motor vehicle use expressed as an amount per mile. The provisions of this subsection shall not apply to garnishment proceeds.

3. The sheriff upon the receipt of the charge herein provided for shall pay into the treasury of the county any and all charges received pursuant to the provisions of this section. The funds collected pursuant to this section, not to exceed [fifty] **one hundred** thousand dollars in any calendar year, shall be held in a fund established by the county treasurer, which may be expended at the discretion of the sheriff for the furtherance of the sheriff’s set duties. Any such funds in excess of [fifty] **one hundred** thousand dollars in any calendar year shall be placed to the credit of the general revenue fund of the county. Moneys in the fund

shall be used only for the procurement of services and equipment to support the operation of the sheriff's office. Moneys in the fund established pursuant to this subsection shall not lapse to the county general revenue fund at the end of any county budget or fiscal year.

4. Notwithstanding the provisions of subsection 3 of this section to the contrary, the sheriff, or any other person specially appointed to serve in a county that receives funds under section 57.278, shall receive ten dollars for service of any summons, writ, subpoena, or other order of the court included under subsection 1 of this section, in addition to the charge for such service that each sheriff receives under subsection 1 of this section. The money received by the sheriff, or any other person specially appointed to serve in a county that receives funds under section 57.278, under this subsection shall be paid into the county treasury and the county treasurer shall make such money payable to the state treasurer. The state treasurer shall deposit such moneys in the deputy sheriff salary supplementation fund created under section 57.278.

**5. Sheriffs shall receive up to one hundred dollars for service of any summons, writ, or other order of the court in connection with any eviction proceeding, in addition to the charge for such service that each sheriff receives under this section. All of such charges shall be received by the sheriff who is requested to perform the service and shall be paid to the county treasurer in a fund established by the county treasurer, which may be expended at the discretion of the sheriff for the furtherance of the sheriff's set duties. All charges shall be payable prior to the time the service is rendered; provided that if the amount of such charge cannot be readily determined, then the sheriff shall receive a deposit based upon the likely amount of such charge, and the balance of such charge shall be payable immediately upon ascertainment of the proper amount of said charge.”; and**

Further amend the title and enacting clause accordingly.

Senator Riddle moved that the above amendment be adopted.

Senator Luetkemeyer offered **SA 1 to SA 1:**

SENATE AMENDMENT NO. 1 TO  
SENATE AMENDMENT NO. 1

Amend Senate Amendment No. 1 to Senate Substitute for Senate Committee Substitute for Senate Bills Nos. 53 and 60, Page 2, Line 59, by striking the opening and closing brackets and underline words on said line; and

Further amend said amendment page 3, line 63, by striking the opening and closing brackets and underline words on said line; and further amend line 86, by striking the words “one hundred” and inserting in lieu thereof the following: “**fifty**”.

Senator Luetkemeyer moved that the above amendment be adopted, which motion prevailed.

Senator Riddle moved that **SA 1**, as amended, be adopted, which motion prevailed.

Senator May offered **SA 2:**

SENATE AMENDMENT NO. 2

Amend Senate Substitute for Senate Committee Substitute for Senate Bills Nos. 53 and 60, Page 8, Section 590.075, Line 13, by inserting after all of said line the following:

**“590.192. 1. There is hereby established the “Critical Incident Stress Management Program” within the department of public safety. The program shall provide services for peace officers to assist**

**in coping with stress and potential psychological trauma resulting from a response to a critical incident or emotionally difficult event. Such services may include consultation, risk assessment, education, intervention, and other crisis intervention services provided by the department to peace officers affected by a critical incident. For purposes of this section, a “critical incident” shall mean any event outside the usual realm of human experience that is markedly distressing or evokes reactions of intense fear, helplessness, or horror and involves the perceived threat to a person’s physical integrity or the physical integrity of someone else.**

**2. All peace officers shall be required to meet with a program service provider once every three to five years for a mental health check-in. The program service provider shall send a notification to the peace officer’s commanding officer that he or she completed such check-in.**

**3. Any information disclosed by a peace officer shall be privileged and shall not be used as evidence in criminal, administrative, or civil proceedings against the peace officer unless:**

**(1) A program representative reasonably believes the disclosure is necessary to prevent harm to a person who received services or to prevent harm to another person;**

**(2) The person who received the services provides written consent to the disclosure; or**

**(3) The person receiving services discloses information that is required to be reported under mandatory reporting laws.**

**4. (1) There is hereby created in the state treasury the “988 Public Safety Fund”, which shall consist of money appropriated by the general assembly. The state treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve disbursements. The fund shall be a dedicated fund and money in the fund shall be used solely by the department of public safety for the purposes of providing services for peace officers pursuant to subsection 1 of this section. Such services may include consultation, risk assessment, education, intervention, and other crisis intervention services provided by the department to peace officers affected by a critical incident. The director of public safety may prescribe rules and regulations necessary to carry out the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2021, shall be invalid and void.**

**(2) Notwithstanding the provisions of section 33.080 to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund.**

**(3) The state treasurer shall invest moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund.**

**590.1265. 1. The provisions of this section shall be known and may be cited as the “Police Use of Force Transparency Act of 2021”.**

**2. For purposes of this section, the following terms mean:**

- (1) “Law enforcement agency”, the same meaning as defined in section 590.1040;
- (2) “Peace officer”, the same meaning as defined in section 590.010;
- (3) “Serious physical injury”, the same meaning as defined in section 556.061;
- (4) “Use-of-force incident”, an incident in which:
  - (a) A fatality occurs that is connected to a use of force by a peace officer;
  - (b) Serious bodily injury occurs that is connected to a use of force by a peace officer; or
  - (c) In the absence of death or serious physical injury, a peace officer discharges a firearm at, or in the direction of, a person.

3. Starting on March 1, 2022, and at least annually thereafter, each law enforcement agency shall collect and report local data on use-of-force incidents involving peace officers to the National Use of Force Data Collection through the Law Enforcement Enterprise Portal administered by the Federal Bureau of Investigation. Law enforcement agencies shall not include personally identifying information of individual peace officers in their reports.

4. Each law enforcement agency shall additionally report the data submitted under subsection 3 of this section to the department of public safety. Law enforcement agencies shall not include personally identifying information of individual peace officers in their reports.

5. The department of public safety shall, no later than October 31, 2021, develop standards and procedures governing the collection and reporting of use-of-force data under this section. The standards and procedures shall be consistent with the requirements, definitions, and methods of the National Use of Force Data Collection administered by the Federal Bureau of Investigation.

6. By March 1, 2023, and at least annually thereafter, the department of public safety shall publish the data reported by law enforcement agencies under subsection 4 of this section, including statewide aggregate data and agency-specific data, in a publicly available report on the department of public safety’s website. Such data shall be deemed a public record consistent with the provisions and exemptions contained in chapter 610.

7. The department of public safety shall undertake an analysis of any trends and disparities in rates of use of force by all law enforcement agencies, with a report to be released to the public no later than June 30, 2025. The report shall be updated periodically thereafter, but not less than once every five years.”; and

Further amend the title and enacting clause accordingly.

Senator May moved that the above amendment be adopted, which motion prevailed.

Senator Razer offered SA 3:

#### SENATE AMENDMENT NO. 3

Amend Senate Substitute for Senate Committee Substitute for Senate Bills Nos. 53 and 60, Page 2, Section 84.575, Line 14, by inserting after “limit” the following: “**and within the boundaries of the state of Missouri**”.

Senator Bernskoetter assumed the Chair.

Senator Razer moved that the above amendment be adopted and requested a roll call vote be taken. He was joined in his request by Senators Beck, Roberts, Schupp and Williams.

SA 3 failed of adoption by the following vote:

YEAS—Senators

Arthur	Beck	Bernskoetter	Gannon	Hoskins	Hough	Mosley
Razer	Riddle	Rizzo	Roberts	Schupp	Washington	Williams—14

NAYS—Senators

Bean	Brattin	Brown	Burlison	Cierpiot	Crawford	Eigel
Eslinger	Hegeman	Koenig	Luetkemeyer	O’Laughlin	Onder	Rehder
Rowden	Schatz	White	Wieland—18			

Absent—Senators

May Moon—2

Absent with leave—Senators—None

Vacancies—None

President Kehoe assumed the Chair.

Senator Washington offered SA 4:

SENATE AMENDMENT NO. 4

Amend Senate Substitute for Senate Committee Substitute for Senate Bills Nos. 53 and 60, Page 2, Section 84.575, Line 14, by striking all of said line and inserting in lieu thereof the following: “**within twenty-five miles of the main office of the board of police commissioners.**”.

Senator Washington moved that the above amendment be adopted.

Senator Eslinger assumed the Chair.

Senator Luetkemeyer offered SSA 1 for SA 4, entitled:

SENATE SUBSTITUTE AMENDMENT NO. 1 FOR  
SENATE AMENDMENT NO. 4

Amend Senate Substitute for Senate Committee Substitute for Senate Bills Nos. 53 and 60, Page 2, Section 84.575, Line 14, by striking all of said line and inserting in lieu thereof the following: “**within thirty miles from the nearest city limit and within the boundaries of the state of Missouri.**”.

Senator Luetkemeyer moved that the above substitute amendment be adopted, which motion prevailed, rendering SA 4 moot.

Senator Luetkemeyer moved that SS for SCS for SBs 53 and 60, as amended, be adopted, which motion prevailed.

On motion of Senator Luetkemeyer, SS for SCS for SBs 53 and 60, as amended, was declared perfected and ordered printed.

President Kehoe assumed the Chair.

Senator Hegeman moved that SB 1 be called from the Informal Calendar and taken up for perfection, which motion prevailed.

Senator Hegeman offered **SS** for **SB 1**, entitled:

SENATE SUBSTITUTE FOR  
SENATE BILL NO. 1

An Act to repeal sections 190.800, 190.839, 198.439, 208.437, 208.480, 338.550, and 633.401, RSMo, and to enact in lieu thereof seven new sections relating to reimbursement allowance taxes.

Was taken up.

Senator Hegeman moved that **SS** for **SB 1** be adopted.

Senator Wieland offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Substitute for Senate Bill No. 1, Page 1, In the Title, Line 5, by striking “reimbursement allowance taxes” and inserting in lieu thereof the following: “MO HealthNet”; and

Further amend said bill, page 2, Section 198.439, line 2, by inserting after all of said line the following:

“208.152. 1. MO HealthNet payments shall be made on behalf of those eligible needy persons as described in section 208.151 who are unable to provide for it in whole or in part, with any payments to be made on the basis of the reasonable cost of the care or reasonable charge for the services as defined and determined by the MO HealthNet division, unless otherwise hereinafter provided, for the following:

(1) Inpatient hospital services, except to persons in an institution for mental diseases who are under the age of sixty-five years and over the age of twenty-one years; provided that the MO HealthNet division shall provide through rule and regulation an exception process for coverage of inpatient costs in those cases requiring treatment beyond the seventy-fifth percentile professional activities study (PAS) or the MO HealthNet children’s diagnosis length-of-stay schedule; and provided further that the MO HealthNet division shall take into account through its payment system for hospital services the situation of hospitals which serve a disproportionate number of low-income patients;

(2) All outpatient hospital services, payments therefor to be in amounts which represent no more than eighty percent of the lesser of reasonable costs or customary charges for such services, determined in accordance with the principles set forth in Title XVIII A and B, Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301, et seq.), but the MO HealthNet division may evaluate outpatient hospital services rendered under this section and deny payment for services which are determined by the MO HealthNet division not to be medically necessary, in accordance with federal law and regulations;

(3) Laboratory and X-ray services;

(4) Nursing home services for participants, except to persons with more than five hundred thousand dollars equity in their home or except for persons in an institution for mental diseases who are under the age of sixty-five years, when residing in a hospital licensed by the department of health and senior services or a nursing home licensed by the department of health and senior services or appropriate licensing authority of other states or government-owned and -operated institutions which are determined to conform to standards equivalent to licensing requirements in Title XIX of the federal Social Security Act (42 U.S.C. Section 301, et seq.), as amended, for nursing facilities. The MO HealthNet division may recognize through its payment methodology for nursing facilities those nursing facilities which serve a high volume of MO HealthNet patients. The MO HealthNet division when determining the amount of the benefit payments to



be made on behalf of persons under the age of twenty-one in a nursing facility may consider nursing facilities furnishing care to persons under the age of twenty-one as a classification separate from other nursing facilities;

(5) Nursing home costs for participants receiving benefit payments under subdivision (4) of this subsection for those days, which shall not exceed twelve per any period of six consecutive months, during which the participant is on a temporary leave of absence from the hospital or nursing home, provided that no such participant shall be allowed a temporary leave of absence unless it is specifically provided for in his plan of care. As used in this subdivision, the term “temporary leave of absence” shall include all periods of time during which a participant is away from the hospital or nursing home overnight because he is visiting a friend or relative;

(6) Physicians’ services, whether furnished in the office, home, hospital, nursing home, or elsewhere;

(7) Subject to appropriation, up to twenty visits per year for services limited to examinations, diagnoses, adjustments, and manipulations and treatments of malpositioned articulations and structures of the body provided by licensed chiropractic physicians practicing within their scope of practice. Nothing in this subdivision shall be interpreted to otherwise expand MO HealthNet services;

(8) Drugs and medicines when prescribed by a licensed physician, dentist, podiatrist, or an advanced practice registered nurse; except that no payment for drugs and medicines prescribed on and after January 1, 2006, by a licensed physician, dentist, podiatrist, or an advanced practice registered nurse may be made on behalf of any person who qualifies for prescription drug coverage under the provisions of P.L. 108-173;

(9) Emergency ambulance services and, effective January 1, 1990, medically necessary transportation to scheduled, physician-prescribed nonelective treatments;

(10) Early and periodic screening and diagnosis of individuals who are under the age of twenty-one to ascertain their physical or mental defects, and health care, treatment, and other measures to correct or ameliorate defects and chronic conditions discovered thereby. Such services shall be provided in accordance with the provisions of Section 6403 of P.L. 101-239 and federal regulations promulgated thereunder;

(11) Home health care services;

(12) Family planning as defined by federal rules and regulations; provided, however, that such family planning services shall not include:

**(a)** Abortions unless such abortions are certified in writing by a physician to the MO HealthNet agency that, in the physician’s professional judgment, the life of the mother would be endangered if the fetus were carried to term; **and**

**(b) Any drug or device approved by the federal Food and Drug Administration that may cause the destruction of, or prevent the implantation of, an unborn child, as defined in section 188.015;**

(13) Inpatient psychiatric hospital services for individuals under age twenty-one as defined in Title XIX of the federal Social Security Act (42 U.S.C. Section 1396d, et seq.);

(14) Outpatient surgical procedures, including presurgical diagnostic services performed in ambulatory surgical facilities which are licensed by the department of health and senior services of the state of Missouri; except, that such outpatient surgical services shall not include persons who are eligible for coverage under Part B of Title XVIII, Public Law 89-97, 1965 amendments to the federal Social Security Act, as amended,

if exclusion of such persons is permitted under Title XIX, Public Law 89-97, 1965 amendments to the federal Social Security Act, as amended;

(15) Personal care services which are medically oriented tasks having to do with a person's physical requirements, as opposed to housekeeping requirements, which enable a person to be treated by his or her physician on an outpatient rather than on an inpatient or residential basis in a hospital, intermediate care facility, or skilled nursing facility. Personal care services shall be rendered by an individual not a member of the participant's family who is qualified to provide such services where the services are prescribed by a physician in accordance with a plan of treatment and are supervised by a licensed nurse. Persons eligible to receive personal care services shall be those persons who would otherwise require placement in a hospital, intermediate care facility, or skilled nursing facility. Benefits payable for personal care services shall not exceed for any one participant one hundred percent of the average statewide charge for care and treatment in an intermediate care facility for a comparable period of time. Such services, when delivered in a residential care facility or assisted living facility licensed under chapter 198 shall be authorized on a tier level based on the services the resident requires and the frequency of the services. A resident of such facility who qualifies for assistance under section 208.030 shall, at a minimum, if prescribed by a physician, qualify for the tier level with the fewest services. The rate paid to providers for each tier of service shall be set subject to appropriations. Subject to appropriations, each resident of such facility who qualifies for assistance under section 208.030 and meets the level of care required in this section shall, at a minimum, if prescribed by a physician, be authorized up to one hour of personal care services per day. Authorized units of personal care services shall not be reduced or tier level lowered unless an order approving such reduction or lowering is obtained from the resident's personal physician. Such authorized units of personal care services or tier level shall be transferred with such resident if he or she transfers to another such facility. Such provision shall terminate upon receipt of relevant waivers from the federal Department of Health and Human Services. If the Centers for Medicare and Medicaid Services determines that such provision does not comply with the state plan, this provision shall be null and void. The MO HealthNet division shall notify the revisor of statutes as to whether the relevant waivers are approved or a determination of noncompliance is made;

(16) Mental health services. The state plan for providing medical assistance under Title XIX of the Social Security Act, 42 U.S.C. Section 301, as amended, shall include the following mental health services when such services are provided by community mental health facilities operated by the department of mental health or designated by the department of mental health as a community mental health facility or as an alcohol and drug abuse facility or as a child-serving agency within the comprehensive children's mental health service system established in section 630.097. The department of mental health shall establish by administrative rule the definition and criteria for designation as a community mental health facility and for designation as an alcohol and drug abuse facility. Such mental health services shall include:

(a) Outpatient mental health services including preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions rendered to individuals in an individual or group setting by a mental health professional in accordance with a plan of treatment appropriately established, implemented, monitored, and revised under the auspices of a therapeutic team as a part of client services management;

(b) Clinic mental health services including preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions rendered to individuals in an individual or group setting by a mental health professional in accordance with a plan of treatment appropriately established, implemented, monitored, and

revised under the auspices of a therapeutic team as a part of client services management;

(c) Rehabilitative mental health and alcohol and drug abuse services including home and community-based preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions rendered to individuals in an individual or group setting by a mental health or alcohol and drug abuse professional in accordance with a plan of treatment appropriately established, implemented, monitored, and revised under the auspices of a therapeutic team as a part of client services management. As used in this section, mental health professional and alcohol and drug abuse professional shall be defined by the department of mental health pursuant to duly promulgated rules. With respect to services established by this subdivision, the department of social services, MO HealthNet division, shall enter into an agreement with the department of mental health. Matching funds for outpatient mental health services, clinic mental health services, and rehabilitation services for mental health and alcohol and drug abuse shall be certified by the department of mental health to the MO HealthNet division. The agreement shall establish a mechanism for the joint implementation of the provisions of this subdivision. In addition, the agreement shall establish a mechanism by which rates for services may be jointly developed;

(17) Such additional services as defined by the MO HealthNet division to be furnished under waivers of federal statutory requirements as provided for and authorized by the federal Social Security Act (42 U.S.C. Section 301, et seq.) subject to appropriation by the general assembly;

(18) The services of an advanced practice registered nurse with a collaborative practice agreement to the extent that such services are provided in accordance with chapters 334 and 335, and regulations promulgated thereunder;

(19) Nursing home costs for participants receiving benefit payments under subdivision (4) of this subsection to reserve a bed for the participant in the nursing home during the time that the participant is absent due to admission to a hospital for services which cannot be performed on an outpatient basis, subject to the provisions of this subdivision:

(a) The provisions of this subdivision shall apply only if:

a. The occupancy rate of the nursing home is at or above ninety-seven percent of MO HealthNet certified licensed beds, according to the most recent quarterly census provided to the department of health and senior services which was taken prior to when the participant is admitted to the hospital; and

b. The patient is admitted to a hospital for a medical condition with an anticipated stay of three days or less;

(b) The payment to be made under this subdivision shall be provided for a maximum of three days per hospital stay;

(c) For each day that nursing home costs are paid on behalf of a participant under this subdivision during any period of six consecutive months such participant shall, during the same period of six consecutive months, be ineligible for payment of nursing home costs of two otherwise available temporary leave of absence days provided under subdivision (5) of this subsection; and

(d) The provisions of this subdivision shall not apply unless the nursing home receives notice from the participant or the participant's responsible party that the participant intends to return to the nursing home following the hospital stay. If the nursing home receives such notification and all other provisions of this subsection have been satisfied, the nursing home shall provide notice to the participant or the participant's

responsible party prior to release of the reserved bed;

(20) Prescribed medically necessary durable medical equipment. An electronic web-based prior authorization system using best medical evidence and care and treatment guidelines consistent with national standards shall be used to verify medical need;

(21) Hospice care. As used in this subdivision, the term “hospice care” means a coordinated program of active professional medical attention within a home, outpatient and inpatient care which treats the terminally ill patient and family as a unit, employing a medically directed interdisciplinary team. The program provides relief of severe pain or other physical symptoms and supportive care to meet the special needs arising out of physical, psychological, spiritual, social, and economic stresses which are experienced during the final stages of illness, and during dying and bereavement and meets the Medicare requirements for participation as a hospice as are provided in 42 CFR Part 418. The rate of reimbursement paid by the MO HealthNet division to the hospice provider for room and board furnished by a nursing home to an eligible hospice patient shall not be less than ninety-five percent of the rate of reimbursement which would have been paid for facility services in that nursing home facility for that patient, in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

(22) Prescribed medically necessary dental services. Such services shall be subject to appropriations. An electronic web-based prior authorization system using best medical evidence and care and treatment guidelines consistent with national standards shall be used to verify medical need;

(23) Prescribed medically necessary optometric services. Such services shall be subject to appropriations. An electronic web-based prior authorization system using best medical evidence and care and treatment guidelines consistent with national standards shall be used to verify medical need;

(24) Blood clotting products-related services. For persons diagnosed with a bleeding disorder, as defined in section 338.400, reliant on blood clotting products, as defined in section 338.400, such services include:

(a) Home delivery of blood clotting products and ancillary infusion equipment and supplies, including the emergency deliveries of the product when medically necessary;

(b) Medically necessary ancillary infusion equipment and supplies required to administer the blood clotting products; and

(c) Assessments conducted in the participant’s home by a pharmacist, nurse, or local home health care agency trained in bleeding disorders when deemed necessary by the participant’s treating physician;

(25) The MO HealthNet division shall, by January 1, 2008, and annually thereafter, report the status of MO HealthNet provider reimbursement rates as compared to one hundred percent of the Medicare reimbursement rates and compared to the average dental reimbursement rates paid by third-party payors licensed by the state. The MO HealthNet division shall, by July 1, 2008, provide to the general assembly a four-year plan to achieve parity with Medicare reimbursement rates and for third-party payor average dental reimbursement rates. Such plan shall be subject to appropriation and the division shall include in its annual budget request to the governor the necessary funding needed to complete the four-year plan developed under this subdivision.

2. Additional benefit payments for medical assistance shall be made on behalf of those eligible needy children, pregnant women and blind persons with any payments to be made on the basis of the reasonable

cost of the care or reasonable charge for the services as defined and determined by the MO HealthNet division, unless otherwise hereinafter provided, for the following:

(1) Dental services;

(2) Services of podiatrists as defined in section 330.010;

(3) Optometric services as described in section 336.010;

(4) Orthopedic devices or other prosthetics, including eye glasses, dentures, hearing aids, and wheelchairs;

(5) Hospice care. As used in this subdivision, the term “hospice care” means a coordinated program of active professional medical attention within a home, outpatient and inpatient care which treats the terminally ill patient and family as a unit, employing a medically directed interdisciplinary team. The program provides relief of severe pain or other physical symptoms and supportive care to meet the special needs arising out of physical, psychological, spiritual, social, and economic stresses which are experienced during the final stages of illness, and during dying and bereavement and meets the Medicare requirements for participation as a hospice as are provided in 42 CFR Part 418. The rate of reimbursement paid by the MO HealthNet division to the hospice provider for room and board furnished by a nursing home to an eligible hospice patient shall not be less than ninety-five percent of the rate of reimbursement which would have been paid for facility services in that nursing home facility for that patient, in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

(6) Comprehensive day rehabilitation services beginning early posttrauma as part of a coordinated system of care for individuals with disabling impairments. Rehabilitation services must be based on an individualized, goal-oriented, comprehensive and coordinated treatment plan developed, implemented, and monitored through an interdisciplinary assessment designed to restore an individual to optimal level of physical, cognitive, and behavioral function. The MO HealthNet division shall establish by administrative rule the definition and criteria for designation of a comprehensive day rehabilitation service facility, benefit limitations and payment mechanism. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this subdivision shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2005, shall be invalid and void.

3. The MO HealthNet division may require any participant receiving MO HealthNet benefits to pay part of the charge or cost until July 1, 2008, and an additional payment after July 1, 2008, as defined by rule duly promulgated by the MO HealthNet division, for all covered services except for those services covered under subdivisions (15) and (16) of subsection 1 of this section and sections 208.631 to 208.657 to the extent and in the manner authorized by Title XIX of the federal Social Security Act (42 U.S.C. Section 1396, et seq.) and regulations thereunder. When substitution of a generic drug is permitted by the prescriber according to section 338.056, and a generic drug is substituted for a name-brand drug, the MO HealthNet division may not lower or delete the requirement to make a co-payment pursuant to regulations of Title XIX of the federal Social Security Act. A provider of goods or services described under this section must collect from all participants the additional payment that may be required by the MO HealthNet division under

authority granted herein, if the division exercises that authority, to remain eligible as a provider. Any payments made by participants under this section shall be in addition to and not in lieu of payments made by the state for goods or services described herein except the participant portion of the pharmacy professional dispensing fee shall be in addition to and not in lieu of payments to pharmacists. A provider may collect the co-payment at the time a service is provided or at a later date. A provider shall not refuse to provide a service if a participant is unable to pay a required payment. If it is the routine business practice of a provider to terminate future services to an individual with an unclaimed debt, the provider may include uncollected co-payments under this practice. Providers who elect not to undertake the provision of services based on a history of bad debt shall give participants advance notice and a reasonable opportunity for payment. A provider, representative, employee, independent contractor, or agent of a pharmaceutical manufacturer shall not make co-payment for a participant. This subsection shall not apply to other qualified children, pregnant women, or blind persons. If the Centers for Medicare and Medicaid Services does not approve the MO HealthNet state plan amendment submitted by the department of social services that would allow a provider to deny future services to an individual with uncollected co-payments, the denial of services shall not be allowed. The department of social services shall inform providers regarding the acceptability of denying services as the result of unpaid co-payments.

4. The MO HealthNet division shall have the right to collect medication samples from participants in order to maintain program integrity.

5. Reimbursement for obstetrical and pediatric services under subdivision (6) of subsection 1 of this section shall be timely and sufficient to enlist enough health care providers so that care and services are available under the state plan for MO HealthNet benefits at least to the extent that such care and services are available to the general population in the geographic area, as required under subparagraph (a)(30)(A) of 42 U.S.C. Section 1396a and federal regulations promulgated thereunder.

6. Beginning July 1, 1990, reimbursement for services rendered in federally funded health centers shall be in accordance with the provisions of subsection 6402(c) and Section 6404 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989) and federal regulations promulgated thereunder.

7. Beginning July 1, 1990, the department of social services shall provide notification and referral of children below age five, and pregnant, breast-feeding, or postpartum women who are determined to be eligible for MO HealthNet benefits under section 208.151 to the special supplemental food programs for women, infants and children administered by the department of health and senior services. Such notification and referral shall conform to the requirements of Section 6406 of P.L. 101-239 and regulations promulgated thereunder.

8. Providers of long-term care services shall be reimbursed for their costs in accordance with the provisions of Section 1902 (a)(13)(A) of the Social Security Act, 42 U.S.C. Section 1396a, as amended, and regulations promulgated thereunder.

9. Reimbursement rates to long-term care providers with respect to a total change in ownership, at arm's length, for any facility previously licensed and certified for participation in the MO HealthNet program shall not increase payments in excess of the increase that would result from the application of Section 1902 (a)(13)(C) of the Social Security Act, 42 U.S.C. Section 1396a (a)(13)(C).

10. The MO HealthNet division may enroll qualified residential care facilities and assisted living facilities, as defined in chapter 198, as MO HealthNet personal care providers.

11. Any income earned by individuals eligible for certified extended employment at a sheltered workshop under chapter 178 shall not be considered as income for purposes of determining eligibility under this section.

12. If the Missouri Medicaid audit and compliance unit changes any interpretation or application of the requirements for reimbursement for MO HealthNet services from the interpretation or application that has been applied previously by the state in any audit of a MO HealthNet provider, the Missouri Medicaid audit and compliance unit shall notify all affected MO HealthNet providers five business days before such change shall take effect. Failure of the Missouri Medicaid audit and compliance unit to notify a provider of such change shall entitle the provider to continue to receive and retain reimbursement until such notification is provided and shall waive any liability of such provider for recoupment or other loss of any payments previously made prior to the five business days after such notice has been sent. Each provider shall provide the Missouri Medicaid audit and compliance unit a valid email address and shall agree to receive communications electronically. The notification required under this section shall be delivered in writing by the United States Postal Service or electronic mail to each provider.

13. Nothing in this section shall be construed to abrogate or limit the department’s statutory requirement to promulgate rules under chapter 536.

14. Beginning July 1, 2016, and subject to appropriations, providers of behavioral, social, and psychophysiological services for the prevention, treatment, or management of physical health problems shall be reimbursed utilizing the behavior assessment and intervention reimbursement codes 96150 to 96154 or their successor codes under the Current Procedural Terminology (CPT) coding system. Providers eligible for such reimbursement shall include psychologists.”; and

Further amend the title and enacting clause accordingly.

Senator Wieland moved that the above amendment be adopted and requested a roll call vote be taken. He was joined in his request by Senators Brattin, Burlison, Koenig and Moon.

**SA 1** was adopted by the following vote:

YEAS—Senators

Bean	Bernskoetter	Brattin	Burlison	Cierpiot	Crawford	Eigel
Eslinger	Gannon	Hoskins	Koenig	Luetkemeyer	Moon	O’Laughlin
Onder	Rehder	Riddle	Rowden	Schatz	White	Wieland—21

NAYS—Senators

Arthur	Beck	Hegeman	Hough	May	Mosley	Razer
Rizzo	Roberts	Schupp	Washington	Williams—12		

Absent—Senator Brown—1

Absent with leave—Senators—None

Vacancies—None

At the request of Senator Hegeman, **SB 1** with **SS**, as amended (pending), was placed on the Informal Calendar.

**REPORTS OF STANDING COMMITTEES**

Senator Rowden, Chairman of the Committee on Rules, Joint Rules, Resolutions and Ethics, submitted the following reports:

Mr. President: Your Committee on Rules, Joint Rules, Resolutions and Ethics, after examination of **SB 227**, respectfully requests that it be removed from the Senate Consent Calendar in accordance with the provisions of Senate Rule 45.

Also,

Mr. President: Your Committee on Rules, Joint Rules, Resolutions and Ethics, to which were referred **SS** for **SB 283** and **SCS** for **SB 119**, begs leave to report that it has examined the same and finds that the bills have been truly perfected and that the printed copies furnished the Senators are correct.

### MESSAGES FROM THE HOUSE

The following message was received from the House of Representatives through its Chief Clerk:

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HS** for **HB 432**, entitled:

An Act to repeal sections 193.075 and 210.150, RSMo, and to enact in lieu thereof three new sections relating to the birth match program, with a penalty provision.

In which the concurrence of the Senate is respectfully requested.

Read 1st time.

### INTRODUCTION OF GUESTS

Senator Hough introduced to the Senate, George Kimmons, Ozark; Amanda Kimmons, Ozark; Emma Alexander, Fordland; Lucas Alexander, Fordland; and Lane Baxter, Rogersville.

Senator Eslinger introduced to the Senate, Stan Coday, Seymour; Archie Daily, Norwood; and Chris Daily, Norwood.

Senator Crawford introduced to the Senate, Kevin Johansen, Lebanon; and Jamie Johansen, Lebanon.

Senator Mosley introduced to the Senate, Alexis Brice, Bellefontaine; and Yolonda Fountaine Henderson, Jennings.

Senator Riddle introduced to the Senate, Rachel Friederich, Collinsville.

Senator May introduced to the Senate, Mike McMillian; Michael Holmes; and James Clark.

On motion of Senator Rowden, the Senate adjourned under the rules.

### SENATE CALENDAR

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THIRTY-EIGHTH DAY—WEDNESDAY, MARCH 24, 2021

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### FORMAL CALENDAR

### HOUSE BILLS ON SECOND READING



HB 670-Houx  
HB 657-Trent  
HCS for HBs 1083, 1085, 1050, 1035,  
1036, 873 & 1097  
HB 63-Pike  
HCS for HB 357  
HCS for HB 784  
HB 52-Schnelting  
HB 578-Bromley  
HCS for HJR 35  
HCS for HJRs 20, 2, 9 & 27  
HB 249-Ruth  
HCS#2 for HB 75  
HB 138-Pietzman  
HB 257-Evans  
HB 701-Black

HB 624-Richey  
HCS for HB 685  
HB 660-O'Donnell  
HCS for HB 583  
HCS for HB 811  
HB 948-Francis  
HCS for HB 495  
HB 767-Roden  
HB 201-McGirl  
HCS for HB 292  
HB 554-Eggleston  
HB 151-Shields  
HB 333-Simmons  
HB 850-Wiemann  
HS for HB 432

#### THIRD READING OF SENATE BILLS

SCS for SB 91-Riddle  
SS for SB 283-Hoskins

SCS for SB 119-Burlison

#### SENATE BILLS FOR PERFECTION

1. SB 149-Onder
2. SJR 2-Onder, with SCS
3. SB 137-Brattin
4. SB 108-Cierpiot, with SCS
5. SB 141-Bean
6. SB 163-Cierpiot
7. SB 40-Burlison, with SCS
8. SB 301-Bernskoetter, with SCS
9. SB 333-Burlison
10. SB 120-White, with SCS
11. SB 327-Koenig
12. SB 289-Brown, with SCS
13. SB 176-Hough
14. SB 46-Hough
15. SB 3-Hegeman

16. SB 212-White
17. SB 5-Wieland, with SCS
18. SB 36-Bernskoetter
19. SB 57-May, with SCS
20. SB 354-Hoskins, with SCS
21. SB 126-Brown, with SCS
22. SB 287-Crawford
23. SB 282-Hegeman, with SCS
24. SB 202-Cierpiot, with SCS
25. SB 44-White
26. SB 71-Gannon, with SCS
27. SB 254-Riddle, with SCS
28. SB 94-Onder
29. SB 206-Arthur
30. SB 138-Brattin, with SCS

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|------------------------------------|-------------------------------|
| 31. SB 78-Beck                     | 47. SB 404-Riddle             |
| 32. SB 74-Bean, with SCS           | 48. SB 334-Bernskoetter       |
| 33. SB 343-Brown                   | 49. SB 96-Hoskins, with SCS   |
| 34. SB 95-Onder, with SCS          | 50. SB 183-O'Laughlin         |
| 35. SB 30-Cierpiot                 | 51. SB 459-Brattin, with SCS  |
| 36. SB 134-O'Laughlin and Cierpiot | 52. SB 198-Eigel, with SCS    |
| 37. SB 98-Hoskins, with SCS        | 53. SJR 7-Eigel               |
| 38. SB 360-Wieland, with SCS       | 54. SB 114-Bernskoetter       |
| 39. SB 45-Hough                    | 55. SB 316-Hough              |
| 40. SB 65-Rehder, with SCS         | 56. SB 372-Riddle             |
| 41. SB 253-Hegeman                 | 57. SB 195-Koenig             |
| 42. SJR 12-Luetkemeyer             | 58. SB 295-Crawford, with SCS |
| 43. SB 131-Luetkemeyer             | 59. SB 169-Burlison           |
| 44. SB 291-Brown                   | 60. SB 139-Bean               |
| 45. SB 306-Bernskoetter, with SCS  | 61. SB 204-Cierpiot, with SCS |
| 46. SB 255-Riddle                  |                               |

#### INFORMAL CALENDAR

#### SENATE BILLS FOR PERFECTION

- |   |   |
|---|---|
| SB 1-Hegeman, with SS (pending)   | SB 47-Hough   |
| SB 7-Riddle, with SS & SA 1 (pending)   | SBs 55, 23 & 25-O'Laughlin, et al, with<br>SCS & SS for SCS (pending) |
| SB 10-Schatz, with SS (pending)   | SB 63-Rehder  |
| SB 11-Schatz  | SB 100-Koenig, with SCS   |
| SBs 12, 20, 21, 31, 56, 67 & 68-Onder,<br>with SCS, SS for SCS & SA 5 (pending) | SB 123-Hough, with SS & SA 2 (pending)                                |
| SB 24-Eigel, with SS#2 (pending)  | SB 179-Luetkemeyer  |

#### CONSENT CALENDAR

##### Senate Bills

- |                        |                          |
|------------------------|--------------------------|
| SB 403-Onder, with SCS | SB 303-Gannon            |
| SB 457-Rizzo, with SCS | SB 520-Roberts, with SCS |
| SB 365-Wieland         |                          |

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